JUL 27 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21735

File No.

Registered No. 214

1. PLACE OF DEATH

County St. Louis Registration District No. 1123

Township Jefferson Barracks, Mo Primary Registration District No. 6248B

City (No. Veterans Administration Facility St. Ward)

2. FULL NAME SCOTT, Bert E.

(a) Residence, No. 2611 Chestnut Street St., Ward. Hannibal, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs kno mos. wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baseball Player

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Professional Baseball

10. Date deceased last worked at this occupation (month and year) Unavail.

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe City, Missouri
Missouri

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable
Unavailable

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable
Unavailable

17. INFORMANT W. C. Gibson, M. D.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hannibal, Mo. DATE 6-15-- 1935

19. UNDERTAKER C. Hoffmeister U.-L. Co.
(ADDRESS) 1014 So. Broadway

20. FILED June 13, 1935 L. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1935 to June 13, 1935

I last saw him alive on June 13, 1935 Death is said to have occurred on the date stated above, at 6:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelogenous leukemia	Unkn
Other contributory causes of importance:	
Anemia, symptomatic, severe	Unkn.

Name of operation None Date of

What test confirmed diagnosis? History, physical, x-ray and lab. findings, clinical manifestations Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Gibson, M. D. Chief Med. Officer M. D.

(Address) Vet. Adm. Facility, Jeff. Brks. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.